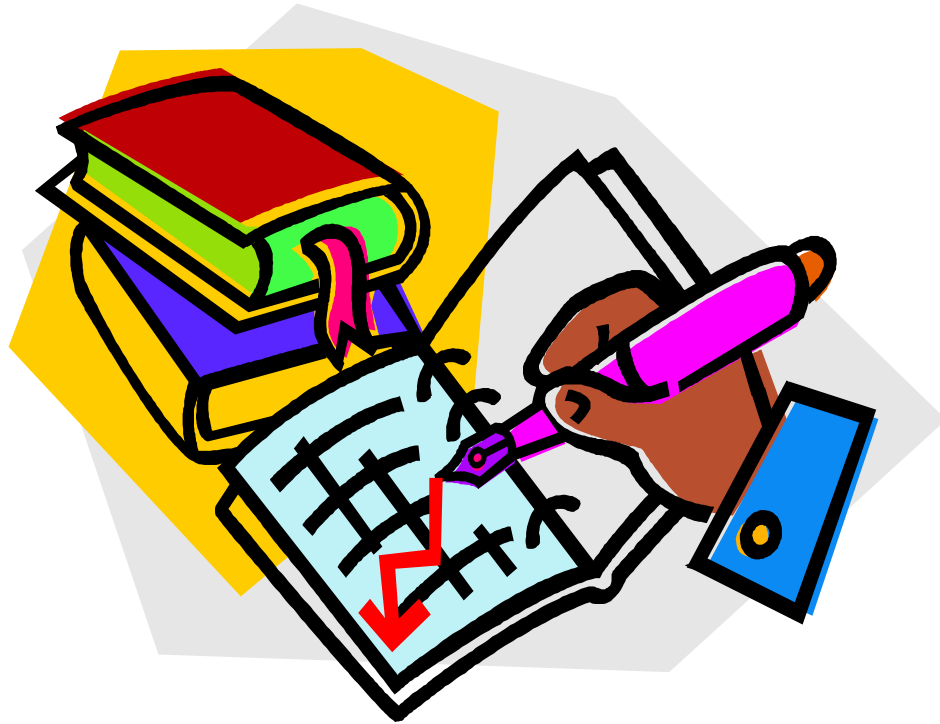


**IN-HOME SUPPORTIVE SERVICES/**

# **PERSONAL CARE SERVICES PROGRAM**

**QUALITY ASSURANCE/  
QUALITY IMPROVEMENT**

## **MONITORING ACTIVITIES REPORT**



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# **QUALITY ASSURANCE MONITORING ACTIVITIES REPORT**

## **BACKGROUND**

California Welfare and Institution Code Section (WIC) 12305.71 requires each county to establish a dedicated, specialized In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) Quality Assurance (QA) function or unit and specifies activities the unit is to perform. Under this Section, counties are required to perform routine, scheduled reviews of supportive services cases for appropriate application to the IHSS/PCSP uniformity system and other IHSS/PCSP rules and policies for assessing participants' needs for services. Case reviews are to be conducted to ensure accurate assessments of needs and hours, respond to data claim matches indicating potential overpayments, implement procedures to identify third-party liability, monitor the program to detect and prevent fraud, and to ensure program integrity. This section also requires State monitoring oversight to counties.

The California Department of Social Services (CDSS) provides oversight to county QA activities by requesting counties to submit a quarterly report on their Quality Assurance/Quality Improvement (QA/QI) activities conducted. Counties are required to report activities conducted during the report quarter to CDSS no later than the 15<sup>th</sup> day after the report quarter ends. The CDSS developed the IHSS Quarterly Report form (SOC 824) for this purpose and counties were instructed to begin reporting activities from October 1, 2005, forward.

The State QA Bureau provides oversight to counties by monitoring their QA activities and providing technical assistance. The State also conducts joint QA activities with counties which include QA monitoring visits for each county with case file reviews, State-level targeted reviews, data matches, and annual error-rate studies.

This report reflects county QA activities as reported on the SOC 824 form from January 1, 2009 through December 31, 2009 (1<sup>st</sup> through 4<sup>th</sup> quarters) and State monitoring activities for Fiscal Year (FY) 2009/10.

*Note: For a summary of report terminology, please see the following page.*

## SUMMARY OF TERMINOLOGY\*

**Reviewed Cases with No Further Action Required:** Case files reviewed during the quarter that did not require further action (i.e., file does not require follow-up documentation to be complete, forms are filled out properly, no fraud, or other referrals needed, etc.), and case service authorizations appear to be accurate based on case file documentation.

**Reviewed Cases Requiring Additional Action:** Case files reviewed during the quarter that required additional action to be taken (i.e., case file requires follow-up documentation is incomplete, forms are not filled out properly, fraud, or other referrals needed; or more clarifying information is needed to determine if services authorized were appropriate).

**Total Number of Reviewed Cases with No Further Action Required:** The sum of Desk Reviews and Home Visits with no further action required.

**Total Number of Reviewed Cases Requiring Case Action that did not Result in a Change in Service Authorizations:** Desk reviewed case files and home visits conducted where some type of error was found (i.e., incompleteness of appropriate forms, insufficient documentation, untimely assessments/reassessments, etc.), but the error did not result in a change in service authorization.

**Total Number of Reviewed Cases Resulting in a Change in Service Authorizations:** Desk reviewed case files and home visits conducted that required additional action that did result in a change in service authorizations.

**Number of Fraud Cases Identified Through QA/QI Activities Requiring Further County Review:** Desk reviewed case files and home visits requiring further county review prior to making a fraud referral.

**Cases Identified Through QA/QI Activities Referred to the California Department of Health Care Services (CDHCS) for Investigation:** Desk reviewed cases and home visits conducted that were referred to CDHCS for further investigation or suspected fraud.

**Critical Events/Incidents Identified:** A critical event/incident is when there is an immediate threat or risk to the health and safety of a recipient (i.e., abuse - physical, sexual, mental, financial, and exploitation; neglect cases; provider “no show” cases; and “harmful-to-self” cases).

**Targeted Reviews:** Targeted case reviews differ from routine scheduled desk reviews. Targeted reviews focus on a particular case type and/or single issue rather than focusing on randomly selected consumers receiving various types of services at the appropriate level that allows them to remain safely and independently in their home.

*\*These terms were obtained from the instruction page of the SOC 824 form.*

## **COUNTY-REPORTED ACTIVITIES (SOC 824)**

### **Reporting Period January 1, 2009 through December 31, 2009**

#### **Routine Scheduled Reviews of In-Home Supportive Services Cases**

This report summarizes the cumulative data obtained from the Quarterly Report activities utilizing the SOC 824 form. This report represents activities for the four quarters of Calendar Year 2009 (January 1 through December 31, 2009).

#### **Desk Reviews**

- There were 20,009 desk reviews statewide conducted.
  - 18,226 -PCSP
  - 1,546 -IPW/IPO\*
  - 237 -IHSS-R
- Out of the total 20,009 desk reviews statewide, 6,924 cases required no further action.
  - 6,331 -PCSP
  - 513 -IPW/IPO
  - 80 -IHSS-R
- Out of the total 20,009 desk reviews statewide, 13,085 cases required additional action.
  - 11,895 -PCSP
  - 1,033 -IPW/IPO
  - 157 -IHSS-R

#### **Home Visits**

- There were 3,280 home visits statewide conducted.
  - 3,031 -PCSP
  - 230 -IPW/IPO
  - 19 -IHSS-R
- Out of the total 3,280 home visits statewide conducted, 1,479 cases required no further action.
  - 1,343 -PCSP
  - 125 -IPW/IPO
  - 11 -IHSS-R

*\* Effective September 30, 2009, the IPW expired. On October 1, 2009, a Social Security Act Section 1915(j) State Plan Option, titled the IHSS Plus Option (IPO), was implemented.*

- Out of the total 3,280 home visits statewide conducted, 1,801 required further actions.
  - 1,688 -PCSP
  - 105 -IPW/IPO
  - 8 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide conducted, 8,403 cases with no further action required.
  - 7,674 -PCSP
  - 638 -IPW/IPO
  - 91 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide conducted, 8,624 cases required case action, but **did not** result in a change in service authorization.
  - 7,838 -PCSP
  - 678 -IPW/IPO
  - 108 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide conducted, 3,674 cases **did** result in a change in service authorizations.
  - 3,251 -PCSP
  - 380 -IPW/IPO
  - 43 -IHSS-R

**Note:** Because of cases pending a determination at the end of the reporting period, and cases resolved during this period, which were pending from the prior reporting period, the summation of the three previous categories will normally *not* equal the total case reviews conducted.

### **Fraud Prevention and Detection Activities**

- Out of the total 23,289 combined desk reviews and home visits statewide, 944 cases required further county review pertaining to fraud prevention/detection.
  - 877 -PCSP
  - 30 -IPW/IPO
  - 37 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide, 697 cases were referred to CDHCS for further investigation.
  - 637 -PCSP
  - 29 -IPW/IPO
  - 31 -IHSS-R

- Out of the total 23,289 combined desk reviews and home visits statewide, 297 underpayment actions were initiated as a result of QA activities.
  - 287 -PCSP
  - 10 -IPW/IPO
  - 0 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide, 658 non fraud-related cases warranted overpayment actions as a result of QA activities.
  - 615 -PCSP
  - 39 -IPW/IPO
  - 4 -IHSS-R
- Out of the total 23,289 combined desk reviews and home visits statewide, 288 fraud-related cases warranted overpayment actions as a result of QA activities.
  - 281 -PCSP
  - 4 -IPW/IPO
  - 3 -IHSS-R
- There were 997 statewide cases that fell into the “Other Types of Fraud Prevention and Detection Activities” category. Areas in this category include “referred to county DA investigators,” “SSN verification report” and “obituaries.”

### **Critical Events/Incidents Identified**

- There were 118 critical incidents statewide identified.
  - 113 -PCSP
  - 4 -IPW/IPO
  - 1 -IHSS-R
- There were 30 Neglect cases statewide.
  - 30 -PCSP
  - 0 -IPW/IPO
  - 0 -IHSS-R
- There were 36 Abuse cases statewide.
  - 34 -PCSP
  - 2 -IPW/IPO
  - 0 -IHSS-R
- There were 18 Provider “No Show” cases statewide.
  - 17 -PCSP
  - 1 -IPW/IPO
  - 0 -IHSS-R

- There were 14 “Harmful-to-Self” cases statewide.
  - 13 -PCSP
  - 0 -IPW/IPO
  - 1 -IHSS-R
- There were 10 “With More Than One Critical Events/Incidents” cases statewide.
  - 9 -PCSP
  - 1 -IPW/IPO
  - 0 -IHSS-R
- There were 10 statewide PCSP cases that fell into the “Other Types of Critical Events/Incidents” category. Areas in this category include “Public Authority referral,” “Unable to Locate Client Notice of Action,” and “health and safety.”

### **Critical Events/Incidents Requiring a Response within 24 Hours**

- There were 194 critical incidents statewide requiring a response within 24 hours.
  - 167 -PCSP
  - 27 -IPW/IPO
  - 0 -IHSS-R
- There were 70 “Adult Protective Services Referral” cases statewide.
  - 68 -PCSP
  - 2 -IPW/IPO
  - 0 -IHSS-R
- There were three “Child Protective Services Referral” cases statewide.
  - 2 -PCSP
  - 1 -IPW/IPO
  - 0 -IHSS-R
- There were 15 “Law Enforcement Referral” cases statewide.
  - 15 -PCSP
  - 0 -IPW/IPO
  - 0 -IHSS-R
- There were 29 “Public Authority Referral” cases statewide.
  - 28 -PCSP
  - 1 -IPW/IPO
  - 0 -IHSS-R

- There were two “Out-of-Home Placement Referral” cases statewide.
  - 2 -PCSP
  - 0 -IPW/IPO
  - 0 -IHSS-R
- There were four statewide PCSP cases that fell into the “Other Types of Critical Events/Incidents Requiring a Response within 24 Hours” category. Areas in this category include “mental health,” “child protective referral with 10-day response,” and “housing.”

### **Targeted Reviews**

- There were 17,500 targeted reviews.
  - 5,236 -PCSP
  - 826 -IPW/IPO
  - 266 -IHSS-R
- The top three focuses were:
  - 1,631 combined statewide total of Timely Initial/Reassessments
    - 1,086 Initial Assessments
    - 545 Reassessments
  - 1,002 Recipient Advised of Availability of Fingerprinting of Providers
  - 505 Authorization of Services for Children
- There were 11,175 statewide cases that fell into the “Other Types of Target Reviews” category. The top categories include “shared living and domestic related hours,” “denied cases,” “no timesheet activity for 60 days,” and “paramedical reviews.”

### **Quality Improvement Efforts**

- A total of 549 statewide Quality Improvement Efforts were reported during Calendar Year 2009. The following is a list of the top eight efforts:
  - Developed QA Tools/Forms and/or Instructional Materials.
  - Ensured Staff Attended IHSS Training Academy.
  - Offered County Training on Target Areas.
  - Conducted Corrective Action Updates.
  - Established Tools for QA/QI Fraud Prevention/Detection.
  - Established Improvement Committees.
  - Utilized Customer Satisfaction Surveys.
  - Performed ‘Other’ Quality Improvement efforts (i.e., weekly IHSS staff meeting for QA updated, developing desk aides for children’s cases, tracking fraud, providing HTG training, etc.).



### **State QA Reviews FY 2009-10:**

There is no QA monitoring oversight activities conducted during FY 2009-10 due to budget constraints.

### **CDSS Targeted Studies**

In an effort to ensure that counties statewide maintain at least a 90 percent timely assessment rate for their caseload based upon a 12 month average, CDSS continues to conduct targeted reviews with regard to timely reassessments.

- CDSS performed the first targeted review of counties' overdue reassessments using data for the period of July 2008 through June 2009 and found 18 counties were not meeting the 90 percent compliancy mark. Of the 18 counties, nine counties that averaged below 80 percent compliancy were asked to submit a Quality Improvement Action Plan (QIAP) outlining how and when they would achieve compliancy within 12 months. The other nine counties that averaged between 80 to 90 percent compliancy were placed in "watch" status during this review period to maintained or improved compliance.
- CDSS will perform a second targeted review in this area using CMIPS data for the period of July 2009 through June 2010. Counties identified as falling below the 90 percent average during this period will be required to submit a QIAP. Counties identified in the first targeted review as being out of compliance, and who remain out of compliance, will be required to submit a more comprehensive plan for achieving compliancy.

### **CONCLUSION:**

We continue to see the positive impact of QA and look forward to our continual collaborative efforts to ensure improvement and consistency in the delivery of services for all IHSS recipients and to minimize the potential for abuse or misuse of program funds, to enable more funds to be available to serve those in need.